



SHALINI SAHAKARI BANK LTD.

395, N. M. Joshi Marg, Mumbai - 11. Phone : 23093179

FIXED DEPOSIT / RECURRING DEPOSIT ACCOUNT FORM

FIXED DEPOSIT / RECURRING DEPOSIT ACCOUNT FORM

A/c. No.

Date

Applicant-1 Mr./Mrs. _____ Age _____

Applicant-2 Mr./Mrs. _____ Age _____

Applicant-3 Mr./Mrs. _____ Age _____

Gender : Male Female Thirdgender

Permenant Address : _____

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Office Address : _____

FIXED DEPOSIT / RECURRING DEPOSIT ACCOUNT FORM		Fresh <input type="checkbox"/>	Renewal <input type="checkbox"/>
Types of Deposit		Period	
Fixed Dep. <input type="checkbox"/>	Recurring Dep. <input type="checkbox"/>	Days / Months / Year	Interest Payable
Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>		
Catagory : Individual <input type="checkbox"/> Firm <input type="checkbox"/> Company <input type="checkbox"/> Instirution <input type="checkbox"/>			
Govt. <input type="checkbox"/> Huf <input type="checkbox"/> Trust <input type="checkbox"/>			
Occupation : Service <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Other _____			

Amont of Dep. Rs. _____

Rupees (in words) _____

Chq. No. / D.D. No. _____

Bank _____ Branch _____

If Renewal FD _____

Additional Amount _____ Cheque D.D. Cash

Declaration

I/We hereby deposit the amount as Fixed Deposit as per particular given above. I/We hereby declare that the amount deposited herewith is not out of any funds aquired by me/us by borrowing or accepting from any other persons. I/We declare that the first named applicant is the beneficial owner of this joint deposit and is to be treated as the payee for the purpose of deduction of tax under section 194A of the Income Tax Act, 1961. I/We have read the terms and conditions of deposits and agree to abide by the same. I/We have gone through the financial statements / particulars I representations furnished I made by the bank and after careful consideration I am I We are making the deposit with the bank at my own risk and volition.

Sign of

First Applicant

Second Applicant

Third Applicant

FOR OFFICE USE ONLY

Introducer's Signature verified in our record.

Ledger Keeper

Officer